

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DEC 04 2013

Bayfield Co. Zoning Dept

ENTERED
Date: 14-0350

Amount Paid: 9-24-14
\$285
\$175

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: BRITA P. DUFFY Mailing Address: 1414 Hwy M Montevideo, WI 53444 Telephone: 608 584-5243

Address of Property: 81365 City/State/Zip: HERBSTER, WI 54844 Cell Phone: 309-1144

Contractor: Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04- City-2-58-07-23-3-01-006-42000 Volume 1080 Page(s) 993

Section 23, Township 52 N, Range 07 W Town of: CLOVER Lot Size Acreage 4.56

☐ Shoreland ☒ Non-Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☐ Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☐ No Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$75,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 60 Ft Width: 46 Ft Height: 14 Ft

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch <input type="checkbox"/> with (2nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage	(146 X 60) 2400 (10 X 35) 350 (X X) (X X) (X X) (X X) (X X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X X) (X X) (X X) (X X) (X X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	(X X) (X X) (X X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 1414 Hwy M Montevideo WI 53444 Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): (*) **Wetlands; or (*) Slopes over 20%**

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	210 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	Feet	Setback from Wetland	41 Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Not yet installed Feet	Setback to Well	Not yet installed Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-0555	# of bedrooms: 2	Sanitary Date: 4/4/14			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0358		Permit Date: 9-24-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lots)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Staked site for house - Revisions map wetland disturbance by DNR. They are not pursue the historic confined setbacks free.							
Date of Inspection: 5/1/2013		Inspected by: J. Greenback-Murphy		Zoning District: (F-1)		Date of Re-Inspection: 8-18-14	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
NEEDS BY PERMIT STAFF OBTAINING.							
Signature of Inspector:				Date of Approval: 9-24-14			
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TRA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

